

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212541740		
1.) CORPORATION NAME: GREAT FALLS LACROSSE ASSOCIATION, INC.				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MARK FLANAGAN 805 OLDE GEORGETOWN CT GREAT FALLS, VA 22066		DUE DATE: 10/31/2012 SCC ID NO: 04541066 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED			
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY				
4.) STATE OR COUNTRY OF INCORPORATION: VA				
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: PO BOX 643 CITY/ST/ZIP: GREAT FALLS, VA 22066 </div>				
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.				
NAME: MARK FLANAGAN TITLE: PRESIDENT ADDRESS: 805 OLDE GEORGETOWN CT CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
NAME: VINCENT R SANDUSKY TITLE: SECRETARY ADDRESS: 706 CROWN MEADOW DRIVE CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
NAME: LARS G OKESON TITLE: TREASURER ADDRESS: 65 Windy Hollow Ct CITY/ST/ZIP/CO: Great Falls, VA 22066	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
NAME: GLENN TOFIL TITLE: COMMISSIN(HEAD) ADDRESS: 322 WALKER ROAD CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
NAME: Mary Ann Wagner TITLE: VICE PRESIDENT ADDRESS: 805 Hickory Vale Lane CITY/ST/ZIP/CO: Great Falls, VA 22066	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
NAME: Mairin Kuligowski TITLE: DIRECTOR ADDRESS: 1038 Riva Ridge Dr CITY/ST/ZIP/CO: Great Falls, VA 22066	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME:	Beckwith Greg	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	702 Crown Meadow Dr		
CITY/ST/ZIP/CO:	Great Falls, VA 22066		
NAME:	Christina Treacy	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	933 Seneca Rd		
CITY/ST/ZIP/CO:	Great Falls, VA 22066		
NAME:	Chris Lehman	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9507 Beach Mill Rd		
CITY/ST/ZIP/CO:	Great Falls, VA 22066		
NAME:	Peyton Cross	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	920 Riva Ridge Dr		
CITY/ST/ZIP/CO:	Great Falls, VA 22066		
NAME:	Roger Smith	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10327 Dunn Meadow Road		
CITY/ST/ZIP/CO:	Vienna, VA 22182		
NAME:	Shane Twomey	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12700 Thunder Chase Dr		
CITY/ST/ZIP/CO:	Reston, VA 20191		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LARS G OKESON	LARS G OKESON, TREASURER	10/29/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			